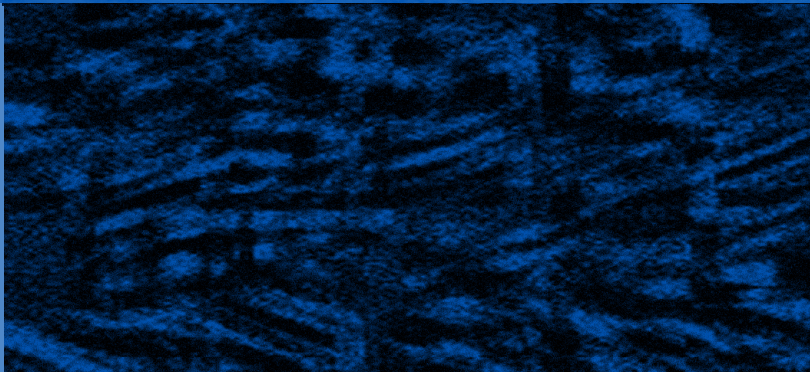


CONCLUSION

# Looking Beyond the Five Family-Based Strategies



**INCLUDED IN THE CONCLUSION**

The Family Climate .....77

The Larger Environment .....80

Endnotes .....82

# Looking Beyond the Five Family-Based Strategies

For the most part, this guide focuses on effective strategies that practitioners can apply as they work directly with families, and on the family as a system of relationships. While these relationships are extremely

important in a child's life, the family has other functions as well. In this Conclusion, we offer some additional steps that families can take to enhance prevention efforts that target what we have called the *family climate* and the *larger environment*.

## **THE FAMILY CLIMATE**

A child's family is his or her primary environment. Children are influenced by many factors outside the home, but the family is a critical place of develop-

ment. The family is the setting in which a child begins to develop a sense of the world—of what is right or wrong, good or bad, acceptable or unacceptable. Children develop this sense in part through what their parents tell them, and by observing their parents' actions and listening to their conversations with others. For example, children are likely to imitate the mannerisms and table manners of their parents, answer the telephone in the same fashion, and use the same expressions (even slang or swear words) that

they hear their parents use. We call the environment in which children learn these things the “family climate.”

There are several things that parents can do to create a family climate that discourages the use of alcohol, tobacco, or other drugs. They can be divided into three categories: access, rules, and attitudes.

### Access

Parents can take steps to reduce their child’s *access* to substances, particularly alcohol and tobacco. A survey of youth in grades 7 to 12 conducted by the U.S. Department of Health and Human Services, found that approximately 25 percent of twelfth graders obtain alcohol from their parents, with or without their knowledge. Younger students are even more likely to access alcohol in this way; nearly 75 percent of seventh graders who said they drink claimed to get alcohol from their parents.<sup>64</sup>

The same study found that close to two-thirds of all students who drink buy their own alcohol. Other studies that examined the ability of minors to purchase alcohol in various towns and cities found that they were successful in 44 to 97 percent of attempts.<sup>65</sup> Similarly, sever-

al studies of tobacco-control interventions found that prior to efforts to reduce sales to youth, adolescents were able to buy cigarettes between 57 and 74 percent of the time.<sup>66</sup>

Parents can help limit their children’s access to alcohol and tobacco by:

- not keeping alcohol or tobacco in the house, or keeping it locked up and inaccessible to children or adolescents
- not providing alcohol or encouraging alcohol use at parties or celebrations for adolescents
- communicating with other parents to ensure that they take the same precautions
- working with other members of the community, local businesses, and law enforcement to support laws restricting youth access to alcohol and tobacco
- encouraging and supporting law enforcement efforts to reduce sales of illegal drugs (e.g., attending community meetings to voice support, taking part in community patrolling or other initiatives)

### Rules

Parents can begin to teach their children about what is and is not appropriate or acceptable behavior by establishing *rules*. Parents can adopt a variety of rules to demonstrate that alcohol and drug use is unacceptable for their children. Here are some examples:

- Children may not consume alcohol until they are of legal drinking age.
- Children may not smoke or use drugs of any kind.
- Children may not attend parties or gatherings where minors use alcohol or drugs.

While the mere existence of rules can show children how their parents feel about alcohol and drug use, such rules are much more effective if they are enforced. By spelling out the sanctions for breaking rules before disobedience occurs, parents can send the message that they are serious about the forbidden behavior. For example, in the course of a conversation about the dangers of using drugs, a parent might tell his or her children that if they are found to have used drugs, they will be grounded.

Some rules are more difficult to enforce than others, especially for teenagers, who spend more time out of the house and without direct supervision. However, parents can take some steps to increase the likelihood that their children will obey the rules even when they are out of the house. Here are some examples:

- talking to other parents before their children attend parties, to ensure that there

will be adult supervision and that no alcohol will be served

- becoming active in the community, such as volunteering in schools or faith-based activities, and getting to know fellow parents and community members; children will be less likely to misbehave or associate with others who misbehave if they know that their parents may hear about it.

### Attitudes

Children inherit many of their parents' mannerisms, habits, and beliefs—in general, their *attitudes* about a variety of things, by watching, listening, and imitating. For example, nutritionists have long recognized that children learn their dietary and nutritional habits and preferences at home. If parents overeat or obsess about food and weight, or conversely, if parents pursue proper nutrition and have a healthy attitude toward food, children will tend to adopt similar patterns.<sup>67</sup>

By demonstrating healthy attitudes about alcohol, tobacco, and other drugs, parents can help their children develop similar sensibilities. Guiding children toward healthy attitudes requires much more than talking to them directly about substance use and abuse. Children will notice if parents do not heed their own advice or take

on alternative perspectives when interacting with their own friends. In other words, in order for parents to convey healthy attitudes to their children, they themselves must first adopt healthy actions, not just beliefs.

Here are some things that parents can do to convey healthy attitudes to their children:

- Provide children with accurate information about the dangers of alcohol, tobacco, and other drugs; the U.S. Department of Health and Human Services study found that almost 80 percent of students didn't know the relative strengths of different alcoholic beverages, and over 33 percent believed that drinking coffee or taking a cold shower can "sober you up."<sup>68</sup>
- Encourage children to critically evaluate advertisements and programs that glamorize smoking or alcohol or drug use (in other words, acquire media literacy).
- Refrain from laughing or making jokes about people on television or in real life who are intoxicated.
- Maintain the same disposition toward substance use in relationships with adults; children may pick up on their parents' laughing with friends about drinking too much or using drugs.
- Follow their own guidance; drink in moderation or not at all, and avoid tobacco and nonmedical use of other drugs altogether.

## THE LARGER ENVIRONMENT

Children are also influenced by the community overall and by the larger environment. Prevention aimed at the larger environment is based on the community systems perspective, which views a community as a group of people engaged in shared social, cultural, political, and economic processes.<sup>69</sup>

As Michael Klitzner points out, "The shared environment [norms, regulations, and availability] supports some behaviors and thwarts others."<sup>70</sup>

Families and members of families can play an important role in bringing about changes in the larger environment. As individuals, professionals, and members of community groups and state and national organizations, parents can get involved in changing the environment in ways that contribute to prevention. The following five environmental strategies can have a significant impact.<sup>71</sup>

**Policy:** Public policies—laws and regulations—can be designed to limit access to alcohol, tobacco, and other drugs and to decrease the problems associated with their use.



**Enforcement:** In order for laws and regulations to deter people and businesses from specified illegal behaviors, they must be accompanied by significant penalties and they must be enforced.

**Education:** In order for environmental strategies such as policy changes, enforcement, and community collaborations to be successful, the public must know what measures are available to them and what policies they are expected to follow.

**Communications:** Media and other communications efforts can be used to help change or reinforce community norms concerning tolerance of sales to and use by minors.

**Collaboration:** Coalition-building activities that engage businesses, community groups, and schools can help to raise awareness about the issues of substance abuse and can coordinate prevention and treatment services for more effective delivery.

For more information on how individuals can contribute to changing the larger environment, please see Appendix B.

## ENDNOTES

- 1 *Monitoring the Future Study* (1997). Ann Arbor, MI: Survey Research Center, Institute for Social Research, University of Michigan.
- 2 King, J., Beals, J., Manson, S. M., and Trimble, J. E. (1992). A structural equation model of factors related to substance use among American Indian adolescents. In J. E. Trimble, C. S. Bolek, and S. J. Niemcryck (Eds.), *Ethnic and multicultural drug abuse: Perspectives on current research*. Binghamton, NY: Haworth Press.
- 3 Dishion, T. J., French, D., and Patterson, G. R. (1995). The development and ecology of antisocial behavior. In D. Cicchetti and D. Cohen (Eds.), *Manual of developmental psychopathology*. New York, NY: John Wiley and Sons, Inc.; Hansen, W. B., Graham, J. W., Sobel, J. L., Shelton, D. R., Flay, B. R., and Johnson, C. A. (1987). The consistency of peer and parent influences on tobacco, alcohol, and marijuana use among young adolescents. *Journal of Behavioral Medicine*, 10, 559-579.
- 4 Family Resource Coalition of America. Available online: <http://www.frca.org/support.htm>.
- 5 U.S. Department of Justice, Bureau of Justice Statistics. Drug and Crime Facts, 1994.
- 6 Schaffer, M., Sobierja, K., and Hollyfield, R. (1988). Prevalence of childhood physical abuse in adult male veteran alcoholics. *Child Abuse and Neglect*, 12(2), 141-149.
- 7 Burgess, A., Hartman, C., and McCormick, A. (1987). Abused to abuser: Antecedents of socially deviant behaviors. *American Journal of Psychiatry*, 11, 1431-1436.
- 8 U.S. Department of Justice (1992). *National update*. U.S. Department of Justice, Bureau of Justice Statistics.
- 9 Sanday, R. (1990). Fraternity gang rape: Sex, brotherhood, and privilege on campus. New York, NY: NYU Press; Abbey, A. (1991). Acquaintance rape and alcohol consumption on college campuses: How are they linked? *Journal of American College Health*, 39(4), 165-169.
- 10 Watts, W., and Wright, L. (1990). The relationship of alcohol, tobacco, and other illegal drug use to delinquency among Mexican-American, black, and white adolescent males. *Adolescence*, 25(97), 171-181.
- 11 Kantor, G. K., and Straus, M. A. (1989). Substance abuse as a precipitant of family violence victimization. *American Journal of Alcohol and Drug Abuse*, 15(2), 173-189; Miller, B. A. (1993). The interrelationships between alcohol and drugs and family violence. *Drugs and Violence: Crime, Correlates, and Consequences*. NIDA Monograph 103. Rockville, MD: National Institute on Drug Abuse, 177-207.
- 12 Roizen, J. (1993). Issues in the epidemiology of alcohol and violence. In S. E. Martin, Ph.D. (Ed.), *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives*, NIAAA Research. Monograph 24. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.



- 13 Kumpfer, K. L., and Alvarado, R. (Nov. 1998). Effective family strengthening interventions. *OJJDP Juvenile Justice Bulletin*, 4.
- 14 Gruenewald, P. J., Treno, A. J., Taff, G., and Klitzner, M. (1997). *Measuring community indicators: A systems approach to drug and alcohol problems*. Thousand Oaks, CA: Sage Publications; Beitel, G., Sharp, M., and Glauz, W. (1975). Probability of arrest while driving under the influence of alcohol. *Journal of Studies on Alcohol*, 36, 237–256; Perrine, M. W., Peck, R. C., and Fell, J. C. (1989). Epidemiologic perspectives on drunk driving. In Surgeon General's Workshop on Drunk Driving: Background Papers. Rockville, MD: U.S. Department of Health and Human Services.
- 15 Hawkins, J. D., Catalano, R. F., and Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64–105.
- 16 Adapted from Hawkins, J. D., Catalano, R., and Associates. (1992). *Communities that care: Action for drug abuse prevention*. San Francisco: Jossey-Bass Publishers; Hawkins, J. D., Catalano, R. F., and Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112 (1), 64–105; Gottfredson, D. (1997). School-based crime prevention. In *Preventing crime: What works, what doesn't, what's promising. A report to the United States Congress*. Prepared for the National Institute of Justice by L. W. Sherman, D. Gottfredson, D. MacKenzie, J. Eck, P. Reuter, and S. Bushway. Department of Criminology and Criminal Justice, University of Maryland.
- 17 Satir, V. (1983). *Conjoint family therapy*, 3rd edition. Palo Alto, CA: Science and Behavior Books; Minuchin, S. (1974). *Families and therapy*. Cambridge, MA: Harvard University Press; Whitaker, C. A., and Napier, A. (1988). *The family crucible*. 1st Perrenial Library edition. New York, NY: Harper Perrenial.
- 18 Gurman, A. S., and Kniskern, D. (1978). Technolatriy, methodolatriy, and the results of family therapy. *Family Process*, 17(3): 275–81; Stanton, M. D., and Todd, T. C. (1981). Engaging “resistant” families in treatment. *Family Process*, 20(3): 261–93.
- 19 Minkler, M., and Wallerstein, N. (1997). Improving health through community organization and community building. In Glanz, K., Lewis, F. M., and Rimer, B. K. (Eds.), *Health behavior and health education*, 2nd Edition. San Francisco, CA: Jossey-Bass Publishers.
- 20 Holder, H. D., and Reynolds, R. I. (1998). Risk factors reflected in the community systems perspective for youth substance abuse. Presented as part of Prevention Planning for Youth Substance Abuse. Initiatives at the 11th Annual National Prevention Network Research Conference, Aug. 31, 1998. San Antonio, TX; Holder, H. D. (1998). Alcohol and the community: A systems approach to prevention. Cambridge, UK: Cambridge University Press.
- 21 DeJong, W., and Hingson, R. (1998). Approaches to the reduction of driving under the influence of alcohol. *Annual Review of Public Health*, 19, 359–78.

- 22 Digest of State Alcohol Highway Safety Related Legislation, 16th edition, 1988.
- 23 Wagenaar, A., and Holder, H. (1991). A change from public to private sales of wine. *Journal of Studies on Alcohol*, 52, 162-173.
- 24 Holder, H., et al. (1993). Alcohol beverage server liability and the reduction of alcohol-involved problems. *Journal of Studies on Alcohol*, 54, 23-36.
- 25 Lynch, B. S., and Bonnie, E. J., Eds. (1994). *Growing up tobacco free: Preventing nicotine addiction in children and youth*. Washington, DC: National Academy Press.
- 26 Gordon, R. (1983). An operational classification of disease prevention. *Public Health Reports*, 98, 107-109.
- 27 Center for Substance Abuse Prevention (CSAP) (1998). *Preventing substance abuse among children and adolescents: Family-centered approaches, reference guide*. P. L. Grover (Ed.), P. L. Grover, (Ed). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, xxiii.
- 28 Community Anti-Drug Coalitions of America. (Fall 1997). *The practical theorist: prevention research in parenting and family intervention*. Alexandria, VA: Community Anti-Drug Coalitions of America.
- 29 Kumpfer, K. L., and Alvarado, R. (Nov. 1998). Effective family strengthening interventions.
- 30 Center for Substance Abuse Prevention (CSAP) (1998). Preventing substance abuse among children and adolescents: Family-centered approaches, practitioners' guide. P. L. Grover, (Ed). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 6.
- 31 Schorr, L. (1988). Within our reach: Breaking the cycle of disadvantage. New York, NY: Anchor/Doubleday Press, 294.
- 32 Brounstein, P. J., Zweig, J. M., and Gardner, S. E. (Dec. 7, 1998). Science-based practices in substance abuse prevention: A guide (working draft). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, (CSAP) Division of Knowledge Development and Evaluation.
- 33 CSAP, *Preventing substance abuse among children and adolescents: Family-centered approaches, reference guide*. xxiii.
- 34 Olds, D., Hill, P. and Rumsey, E. (Nov. 1998). Prenatal and early childhood nurse home visitation. *OJJDP Juvenile Justice Bulletin*, 1. Rahdert, E. R. (1996). Introduction to the perinatal-20 treatment research demonstration program. E. R. Rahdert (Ed.), *Treatment for drug-exposed women and their children: Advances in research methodology*, NIDA Research Monograph 166. Rockville, MD: National Institute on Drug Abuse.
- 35 CSAP, *Preventing substance abuse among children and adolescents: Family-centered approaches, reference guide*. 3-8-3-11.
- 36 CSAP, *Preventing substance abuse among children and adolescents: Family-centered approaches, reference guide*. 3-16-3-17.

- 37 National Institute on Drug Abuse (NIDA), Office on Science Policy and Communications. (1997). *Drug abuse prevention for at-risk groups*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health; Aktan, G. B., Kumpfer, K. L., and Turner, C. (1996). The Safe Haven Program: Effectiveness of a family skills training program for substance abuse prevention with inner city African-American families. *Journal of Drugs in Society*; Harrison, R. S. (1994). *Final evaluation of the Utah Community Youth Activity Project*. Submitted to Utah State Division of Substance Abuse. Salt Lake City, UT: Social Research Institute, Graduate School of Social Work, University of Utah; Kumpfer, K. L., and DeMarsh, J. (1987). Prevention services for children of substance-abusing parents. Unpublished manuscript. Social Research Institute, Graduate School of Social Work, University of Utah; Kumpfer, K. L., DeMarsh, J., and Child, W. (1997) The Strengthening Families Program (SFP): A program description and overview. Department of Health Education, University of Utah; National Institute on Drug Abuse (NIDA). Preventing drug use among children and adolescents: A research-based guide. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health.
- 38 CSAP, *Preventing substance abuse among children and adolescents: Family-centered approaches, reference guide*, 3-11-3-21.
- 39 CSAP, *Preventing substance abuse among children and adolescents: Family-centered approaches, reference guide*. 3-16-3-17.
- 40 Baum, C. G., and Forehand, R. (1981). Long term follow-up assessment of parent training by use of multiple outcome measures. *Behavior Therapy*, 12, 643-652; Long, Forehand, R., Wierson, M., and Morgan, A. (1994). Does parent training with young noncompliant children have long-term effects? *Behaviour Research and Therapy*, 32(1), 101-107; McMahon, R., Forehand, R., and Griest, D. (1981). Effects of knowledge of social learning principles on enhancing treatment outcome and generalization in a parent training program. *Journal of Consulting and Clinical Psychology*, 49(4), 526-532; Office of Juvenile Justice and Delinquency Prevention, and University of Utah. (1998). *Strengthening America's families: Model family programs for delinquency prevention*.
- 41 CSAP, *Preventing substance abuse among children and adolescents: Family-centered approaches, reference guide*. 3-21-3-27.
- 42 Chalk, R. and King, P. A. (1998). *Violence in families: Assessing prevention and treatment programs*. Washington, DC: National Academy Press.
- 43 CSAP, *Preventing substance abuse among children and adolescents: Family-centered approaches, reference guide*. 3-23.
- 44 Borduin, C., Mann, B., Cone, L., Henggeler, S., Fucci, B., Blaske, D., and Williams, R. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology*, 63(4), 569-578; Henggeler, S. Melton, G., and Smith, L. (1992). Family preservation using multisystemic therapy: An effective alternative to incarcerating serious juvenile offenders. *Journal of Consulting and Clinical Psychology*, 60(6), 955-961; Henggeler, S., Mihalic, S., Rone, L., Thomas, C.,

- and Timmons-Mitchell, J. (1998). *Blueprints for violence prevention: Multisystemic Therapy*. Boulder, CO: University of Colorado at Boulder, Institute of Behavioral Science, Center for the Study and Prevention of Violence; Office of Juvenile Justice and Delinquency Prevention, and University of Utah. (1998). *Strengthening America's families: Model family programs for delinquency prevention*.
- 45 CSAP, *Preventing substance abuse among children and adolescents: Family-centered approaches, reference guide*. 3-27-3-34.
- 46 National Coalition of Hispanic Health and Human Services Organizations (COSMHO) (1995). *Structural Family Therapy: A family strengthening approach for counselors*; Santisteban, D., Coatsworth, J., Perez-Vidal, A., Mitrani, V., Jean-Gilles, M., and Szapocznik, J. (1997). Brief structural therapy with African American and Hispanic high-risk youth. *Journal of Community Psychology*, 25(5), 453-471; Santisteban, D., Szapocznik, J., Perez-Vidal, A., Kurtines, W., Murray, E., and LaPerriere, A. (1996). Efficacy of interventions for engaging youth/families into treatment and some variables that may contribute to different effectiveness. *Journal of Family Psychology*, 10(1), 35-44; Szapocznik, J., Kurtinez, W., Santisteban, D., and Rio, A. (1990). Interplay of advances between theory, research, and application in treatment interventions aimed at behavior problem children and adolescents. *Journal of Consulting and Clinical Psychology*, 38(6), 696-703; Szapocznik, J., Santisteban, D. A., Rio, A. T., Perez-Vidal, A., Santisteban, D. A., and Kurtines, W. M. (1989). Family effectiveness training: An intervention to prevent problem behaviors in Hispanic adolescents. *Hispanic Journal of Behavioral Sciences*, 11, 4-27; Office of Juvenile Justice and Delinquency Prevention, and University of Utah. (1998). *Strengthening America's families: Model family programs for delinquency prevention*.
- 47 Erickson, H., Stroufe, L., and Egeland, B. (1985). The relationship between quality of attachment and behavior problems in preschool in a high-risk sample. In Bretherton and Waters (Eds.), *Monograph of the Society of Child Development*, 50 (1 and 2, serial no. 209).
- 48 Breckenridge, J. (1980). Predicting child behavior problems from early mother-child interaction. Master's thesis, University of Houston.
- 49 Berkowitz, L. (1973). Control of aggression. In Cladwell and Ricciuti (Eds.), *Review of child development research*, Volume 3. Chicago, IL: University of Chicago Press.
- 50 Strauss, M., Gelles, R., and Steinmetz, S. (1980). *Behind closed doors: Violence in the American family*. New York, NY: Doubleday.
- 51 Hendrix, K., and Molloy, J. (1990). Interventions in early childhood: Background paper prepared for the Forum on Youth Violence in Minority Communities: Setting the Agenda for Prevention. Newton, MA: Education Development Center, Inc.
- 52 Olds, D., Hill, P., and Rumsey, E. (Nov. 1998). Prenatal and early childhood nurse home visitation; Rahdert, E. R. (1996). Introduction to the perinatal-20 treatment research demonstration pro-

- gram. In E. R. Rahdert, (Ed.), *Treatment for drug-exposed women and their children: Advances in research methodology*, NIDA Research Monograph 166. Rockville, MD: National Institute on Drug Abuse, 1–4.
- 53 Olds, D. (1985). The prenatal/early infancy project. In R. Price, E. Cowen, R. Lorion, and J. Ramos-Mckay (Eds.) *14 ounces of prevention: A casebook for practitioners*. Washington, DC: American Psychological Association.
- 54 Office of Juvenile Justice and Delinquency Prevention, and University of Utah. (1998). *Strengthening America's families: Model family programs for delinquency prevention*; Olds, D., Hill, P., Mihalic, S., and O'Brien, R. *Blueprints for Violence Prevention: Prenatal and infancy home visitation by nurses*. Boulder, CO: University of Colorado at Boulder, Institute of Behavioral Science, Center for the Study and Prevention of Violence; Olds, D., Hill, P., and Rumsey, E. (Nov. 1998). Prenatal and early childhood nurse home visitation.
- 55 Massachusetts Medical Interpreters Association and Education Development Center, Inc. (1995). *Medical Interpreting Standards of Practice*. Boston, MA: Massachusetts Medical Interpreters Association.
- 56 Cossmito, J. (1995). *Structural Family Therapy: A family strengthening approach for counselors*. 15.
- 57 Avery, M. B. (Feb. 1992). Reflections on the intercultural encounter. In *Women's Educational Equity Act Publishing Center Digest*. Newton, MA: Education Development Center, Inc.
- 58 Kumpfer, K. L., and Alvarado, R. (1995). Strengthening families to prevent drug use in multi-ethnic youth. In G. Botvin, S. Schinke, and M. Orlandi (Eds.), *Drug abuse prevention with multi-ethnic youth*. Newbury Park, CA: Sage Publications.
- 59 U.S. Department of Health and Human Services, National Institutes of Health (May 1997). *Drug abuse prevention for at-risk groups*. Rockville, MD: National Institute on Drug Abuse, Office of Science Policy and Communications, 23.
- 60 Kumpfer, K. L., and Alvarado, R. (Nov. 1998). Effective family strengthening interventions.
- 61 National Staff Development Council (1995). *Standards for staff development*. Middle Level Edition, 2nd edition. Oxford, OH: National Staff Development Council.
- 62 Donna St. Antonio, personal correspondence, Jan. 1999.
- 63 Wayne Harding (Oct. 1998 ). Northeast CAPT presentation in Pennsylvania.
- 64 Office of the Inspector General (1992). *Youth and Alcohol: A National Survey. Drinking Habits, Access, Attitudes, and Knowledge*. U.S. Department of Health and Human Services.
- 65 O'Leary, D., Gorman, D., and Speer, (1994). The sale of alcoholic beverages to minors. *Public Health Reports*, 190(6), 816–818; Preusser, D., and Williams, A. (1992). Sales of alcohol to underage purchasers in three New York counties and Washington, DC. *Journal of Public Health Policy*, 13(3), 306–317.

- 66 Altman, D., Foster, V., Rasenick-Douss, L., and Tye, J. (1989). Reducing the illegal sale of cigarettes to minors. *Journal of the American Medical Association*, 261, 80–83; Keay, K., Woodruff, S., Wildey, M., and Kenney, E. (1993). Effects of a retailer intervention on cigarette sales to minors in San Diego County, California. *Tobacco Control*, 2, 145–151; Wildey, M., Woodruff, S., Agro, A., Keay, K., Kenney, E., and Conway, T. (1995). Sustained effects of educating retailers to reduce cigarette sales to minors. *Public Health Reports*, 110, 625–629.
- 67 Birch, L. (1998). Psychological Influences on the Childhood Diet. *Journal of Nutrition*, 128 (2nd Suppl), 407s–410s.
- 68 Office of the Inspector General. (1992)
- 69 Fischer, D. (1998). Environmental prevention strategies: An introduction and overview (draft). Rockville, MD: National Center for the Advancement of Prevention.
- 70 Gruenewald, P. J., Treno, A. J., Taff, G., and Klitzner, M. (1997). *Measuring community indicators: A systems approach to drug and alcohol problems*.
- 71 Brounstein, P. J., Zweig, J. M., and Gardner, S. E. (Dec. 7, 1998). Science-based practices in substance abuse prevention: A guide.